

01-29-01

A/RE

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PTO/SB/50 (08-00)

Approved for use through 12/30/2000 OMB 0651-0033

U S Patent and Trademark Office, U S DEPARTMENT OF COMMERCE

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

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Box Reissue
Washington, DC 20231

Attorney Docket No.	P-3914F1P1P2P1RI
First Named Inventor	Cohn, et al.
Original Patent Number	6,053,929
Original Patent Issue Date (Month/Day/Year)	04/25/00
Express Mail Label No.	EL416963895US

APPLICATION FOR REISSUE OF:

(Check applicable box)



Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ Fee Transmittal Form (PTO/ SB/ 56)
(Submit an original, and a duplicate for fee processing)
2. ☐ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in double column copy of patent format (amended, if appropriate)
4. ☒ Drawing(s) (proposed amendments, if appropriate)
5. ☒ Reissue Oath/Declaration (original or copy)
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
6. Original U.S. Patent currently assigned?
☒ Yes ☐ No
(If Yes, check applicable box(es))
☒ Written Consent of all Assignees (PTO/SB/53)
☒ 37 C.F.R. § 3.73(b) Statement ☒ Power of Attorney (PTO/SB/96)

ACCOMPANYING APPLICATION PARTS

7. ☐ Statement of status/support for all changes to the claims. See 37 CFR 1.173 (c).
8. ☐ Original U.S. Patent for surrender
☐ Ribboned Original Patent Grant
☐ Statement of Loss (PTO/SB/55)
9. ☐ Foreign Priority Claim (35 U.S.C. 119) (if applicable)
10. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☒ Copies of IDS Citations
11. ☐ English Translation of Reissue Oath/Declaration (if applicable)
12. ☐ Preliminary Amendment
13. ☒ Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
14. Other:

15. CORRESPONDENCE ADDRESS



Customer Number or Bar Code Label



(Insert Customer Number or Bar Code Label here)

or ☐ Correspondence address below

Name

26253

PATENT TRADEMARK OFFICE

Address

City

State

Zip Code

Country

Telephone

Fax

NAME (Print/Type)

Eric M. Lee

Registration No. (Attorney/Agent)

30,471

Signature

Date

1/26/01

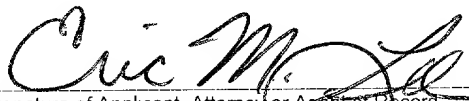
Burden Hour Statement This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U S Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.

jc987 U.S. PTO
09/771394
01/26/01

jc987 U.S. PTO
01/26/01

01/26/01

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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) P-3914F1P1P2P1RI		
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 29	Total Claims (37 CFR 1.16(j))	(B) 77	**** 48 =	x \$_____ =		or	x \$18 = 864.00	
(C) 3	Independent claims (37 CFR 1.16(i))	(D) 9	* 6 =	x \$_____ =			x \$80 = 480.00	
Basic Fee (37 CFR 1.16(h)) \$_____							\$ 710.00	
Total Filing Fee \$_____							OR \$2054.00	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	*	x \$_____ =		x \$_____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$_____ =		x \$_____ =	
Total Additional Fee \$_____							OR \$_____	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space</p> <p>*** After any cancellation of claims</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C)</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input checked="" type="checkbox"/> Please charge Deposit Account No. <u>02-1666</u> in the amount of <u>\$2054.00</u> A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>02-1666</u> A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$_____ to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align: center;">WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 40%;"> <p><u>1/26/01</u> Date</p> </div> <div style="width: 50%; text-align: center;"> <p> Signature of Applicant, Attorney or Agent of Record</p> <p><u>Eric M. Lee Esq./Reg. No. 30,471</u> Typed or printed name</p> </div> </div>								



sector

**Response To Notice To File Missing Parts Of Application
Filing Date Granted (PTO-1533)(Large Entity)**

Docket No. **3**
P-3914F1P1P2P1RI

Application Of: **COHN ET AL.**

7

Serial No.	Filing Date	Examiner	Group Art Unit
09/771,394	01/26/2001	NA	3731

Invention: **SURGICAL SCALPEL**

TO THE ASSISTANT COMMISSIONER FOR PATENTS:

Box Missing Parts

This is a response to the Notice to File Missing Parts of Application - Filing Date Granted (PTO-1533) mailed on
03/16/01
Date

Enclosed herewith for filing are the following:

- ☒ A copy of the Notice to File Missing Parts of Application - Filing Date Granted (PTO-1533). **(REQUIRED)**
- ☐ An oath or declaration in compliance with 37 CFR 1.63, including residence information and identifying the application by the above Application Number and Filing Date.
- ☐ A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date.
- ☐ An oath or declaration in compliance with 37 CFR 1.63 listing the names of all inventors and signed by the omitted inventor(s), identifying this application by the above Application Number and Filing Date.
- ☐ A verified English translation of the non-English language application papers as originally filed. It is requested that this translation be used as the copy for examination purposes in the United States Patent and Trademark Office.
- ☒ Other (list):

The reissue specification in double-column format as required by 37 CFR 1.173(a)(1).

Adjustment date: 05/04/2001 BUANG1
04/11/2001 BNGUYEN1 00000016 021666 09771394
01 FC:105 130.00 CR

04/18/2001 BNGUYEN1 00000016 021666 09771394

01 FC:105 150.00 CR



Response To Notice To File Missing Parts Of Application
Filing Date Granted (PTO-1533)(Large Entity)

Docket No.
P-3914F1P1P2P1RI

Application Of: **COHN ET AL.**

Serial No.
09/771,394

Filing Date
01/26/2001

Examiner
NA

Group Art Unit
3731

Invention: **SURGICAL SCALPEL**

TO THE ASSISTANT COMMISSIONER FOR PATENTS:

Box Missing Parts

☒ Completion of application fees as calculated below:

☐ Utility application filing fee _____

☐ Design application filing fee _____

☐ Total number of independent claims = _____

☐ Total number of claims = _____

☐ Multiple dependent claims _____

☐ Surcharge for late payment of filing fee and/or late filing of original declaration or oath _____

☐ Petition and fee for filing by other than all the inventors or a person not the inventor _____

☐ Fee for processing an application filed with a non-English language specification _____

☒ Fee for processing and retention of application **\$130.00**

Total completion of application fees **\$130.00**

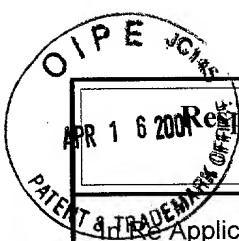
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response to the above-identified Notice to File Missing Parts of Application. The requested extension is as follows (check time period desired). If an additional time extension is required, please consider this a petition therefor.

☐ One month ☐ Two months ☐ Three months ☐ Four months ☐ Five months

from: _____ until: _____
Date Date

Total time extension fees _____

Total fees due **\$130.00**



Response To Notice To File Missing Parts Of Application
Filing Date Granted (PTO-1533) (Large Entity)

Docket No.
P-3914F1P1P2P1RI

Application Of: **COHN ET AL.**

Serial No.
09/771,394

Filing Date
01/26/2001

Examiner
NA

Group Art Unit
3731

Invention: **SURGICAL SCALPEL**

TO THE ASSISTANT COMMISSIONER FOR PATENTS:

Box Missing Parts

The fee of **\$130.00** is to be paid as follows:

- ☐ A check in the amount of the fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. **02-1666**.
A duplicate copy of this sheet is enclosed.
- ☒ If an additional extension of time is required, please consider this a petition therefor and charge any additional fees which may be required to Deposit Account No. **02-1666**.
A duplicate copy of this sheet is enclosed.

Signature

Dated: **April 11, 2001**

Eric M. Lee, Esq. / Reg. No. 30,471
Becton, Dickinson and Company
1 Becton Drive
Franklin Lakes, New Jersey 07417
Phone: 201-847-6270
Fax: 201-847-5377

I certify that this document and fee is being deposited on **04/11/2001** with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

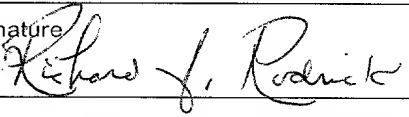
Signature of Person Mailing Correspondence

Judith Post

Typed or Printed Name of Person Mailing Correspondence

CC:

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REISSUE APPLICATION: CONSENT OF ASSIGNEE; STATEMENT OF NON-ASSIGNMENT		Docket Number (Optional) P-3914F1P1P2P1RI
This is part of the application for a reissue patent based on the original patent identified below.		
Name of Patentee(s) Cohn, et al.		
Patent Number 6,053,929	Date Patent Issued 04/25/00	
Title of Invention Surgical Scalpel		
<p>1. <input checked="" type="checkbox"/> Filed herein is a statement under 37 CFR 3.73(b). (Form PTO/SB/96)</p> <p>2. <input type="checkbox"/> Ownership of the patent is in the inventor(s), and no assignment of the patent is in effect.</p> <p>One of boxes 1 or 2 above must be checked. If multiple assignees, complete this form for each assignee. If box 2 is checked, skip the next entry and go directly to "Name of Assignee". The written consent of all assignees and inventors owning an undivided interest in the original patent is included in this application for reissue.</p>		
The assignee(s) owning an undivided interest in said original patent is/are <u>Becton Dickinson and Company</u> and the assignee(s) consents to the accompanying application for reissue.		
Name of assignee/inventor (if not assigned)		
Signature 	Date JAN. 26, 2001	
Typed or printed name and title of person signing for assignee (if assigned) Richard J. Rodrick Assistant Secretary		

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STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: Becton, Dickinson and CompanyApplication No./Patent No.: 6,053,929 Filed/Issue Date: 04/25/00Entitled: Surgical ScalpelBecton, Dickinson and Company, a corporation

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.
The extent (by, percentage) of its ownership interest is _____ %

in the patent application/patent identified above by virtue of either:

- A. ☒ Assignments from the inventor(s) of the patent application/patent identified above. One assignment was recorded in the United States Patent and Trademark Office at Reel 010047, Frame 0601.

A copy of the other assignment is attached.
OR

- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

2. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

3. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.

- ☐ Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

JAN. 26, 2001
Date

Richard J. Rodrick

Typed or printed name

Richard J. Rodrick
Signature

Assistant Secretary

Title